

Arizona Department of Gaming Self-Exclusion Form

Please print clearly:

Full Name:				SS #:	
Street Address:				Date of Birth:	
City:			State:		Zip Code:
Home Phone:		Business Phone:		Driver's License #/State:	
Height:	Weight:	Hair:	Eyes:	Sex:	
Any other names used (a.k.a.):					
Scars/Tattoos:				Race:	
_____ I request information be mailed to me describing services available to help me with my gambling problem . (Initials required; no return address will be used.)					
Optional Information: Gambling activities that cause the most problems (mark all that apply) <input type="checkbox"/> Slots <input type="checkbox"/> Poker <input type="checkbox"/> Blackjack <input type="checkbox"/> Bingo <input type="checkbox"/> Keno <input type="checkbox"/> Horse/Dog Races <input type="checkbox"/> Video Poker <input type="checkbox"/> Lottery <input type="checkbox"/> Sports <input type="checkbox"/> Internet <input type="checkbox"/> Stocks					

I, _____, acknowledge that I am a problem gambler and voluntarily seek to exclude myself from Indian Gaming Facilities in Arizona.* I hereby request and authorize the Arizona Department of Gaming to place my name on the list of self-excluded persons for a period of one year____, five years____, or ten years____. **(Initials required for your selection)**

I have reviewed and understand the following terms and restrictions of this self-exclusion and agree to all of them:

- This exclusion is valid for all Indian Gaming Facilities within the State of Arizona and all services associated with those Gaming Facilities.
- I will not attempt to enter and/or use any of the services or privileges of the Gaming Facilities from which I have requested exclusion during the period of this self-exclusion.
- I acknowledge and understand that, should I attempt to enter a Gaming Facility or use the services of the facility, once identified, I shall be promptly escorted from the Gaming Facility.
- I understand the ultimate responsibility to limit my access to all Indian Gaming Facilities within the State of Arizona and/or gaming services remains mine alone.
- This self-exclusion request is **irrevocable** during the time period indicated above.
- The Arizona Department of Gaming will treat this self-exclusion request confidentially. However, pursuant to Section 3(v)(D) of the Compact, the State Gaming Agency shall, on a monthly basis, provide the compiled information to the Tribal Gaming Office. The Tribe shall treat the information received from the State Gaming Agency under this Section as confidential and such information shall not be disclosed except to the Gaming Facility Operator and other tribal gaming offices for inclusion on their lists, or to appropriate law enforcement agencies, if needed, in the conduct of an official investigation or unless ordered by a court of competent jurisdiction

* Although the self-exclusion list is provided only to Arizona casinos, there may be casino management companies operating Arizona casinos, such as Harrah's, which have a policy that any person excluded from one of their casinos is excluded from all of their casinos throughout the country.

- I understand that the Tribal Gaming Office shall require the Gaming Facility Operator to remove all self-excluded Persons from all mailing lists and to revoke any slot or player's cards. The Tribal Gaming Office shall require the Gaming Facility Operator to take reasonable steps to ensure that cage personnel check a Person's identification against the State Gaming Agency's list of self-excluded Persons before allowing the Person to cash a check or complete a credit card cash advance transaction. I understand that the Tribal Gaming Office shall prohibit the Gaming Facility Operator from paying any hand-paid jackpot to a Person who is on the Tribal or State Gaming Agency self-exclusion list. Any jackpot won by a Person on the self-exclusion list shall be donated by the Gaming Facility Operator to an Arizona-based non-profit charitable organization.
- I understand that neither the Tribe, the Gaming Facility Operator, the Tribal Gaming Office, nor any employee thereof shall be liable to any self-excluded Person or to any other party in any proceeding and neither the Tribe, the Gaming Facility Operator, nor the Tribal Gaming Office shall be deemed to have waived its sovereign immunity with respect to any Person for any harm, monetary or otherwise, which may arise as a result of:
 1. The failure of the Gaming Facility Operator or the Tribal Gaming Office to withhold or restore gaming privileges from or to a self-excluded person; or
 2. Otherwise permitting a self-excluded Person to engage in Gaming Activity in a Gaming Facility while on the list of self-excluded Persons.
- I will not seek to hold the Arizona Department of Gaming liable in any way should I enter a Gaming Facility and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of Arizona and the Arizona Department of Gaming for any liability relating to this request. Specifically, I, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, and forever discharge the Arizona Department of Gaming, the Arizona Gaming Tribes, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties"), from any and all claims in law or equity that I now have, or may have in the future, against any or all of the Released Parties arising out of, or by reason of, the performance or non-performance of this Self-Exclusion Request, or any other matter relating thereto. I further agree, in consideration for the Released Parties efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to the fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

Date _____

Signature

State of _____

County of _____

Subscribed and sworn to(or affirmed) before me this _____ day of _____, 20____.

Notary Public

My Commission expires on: _____

Mail or deliver completed form, with minimum 2 x 3 original color photograph (head and shoulders) to:

Larissa T. Pixler
Arizona Department of Gaming
202 E. Earll Dr., Suite 200
Phoenix, Arizona 85012